

GM Docket No. GP-301022
HDP Docket No. 5922-000039

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit:

Examiner:

Inventor: Alden et al.

Serial No.: 09/740,584

Filed: December 18, 2000

For: AUTOMATIC RECONFIGURATION
OF SYSTEM SUB-MODELS FOR
INDEPENDENT ANALYSIS



PRELIMINARY AMENDMENT

CERTIFICATE OF MAILING

*I hereby certify that this correspondence is being deposited with the
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Commissioner of Patents and Trademarks, Washington, D.C. 20231 on

February 2, 2001

By

John Angelle

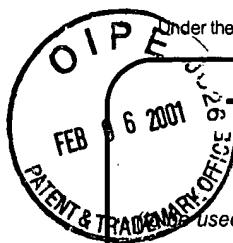
Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Dear Sir:

Please amend this application as follows and consider the following remarks:

2-13-01

#2

Please type a plus sign (+) inside this box → 

TRANSMITTAL FORM

(used for all correspondence after initial filing)

Total Number of Pages in This Submission

12

Application Number	09/740,584
Filing Date	12/18/00
First Named Inventor	Alden
Group Art Unit	
Examiner Name	

Attorney Docket Number GP-301022 (HDP 5922-000039)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RETURN POSTCARD
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 OR 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John A. Miller, Esq.
Signature	
Date	2/02/01

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Typed or printed name	JOHN A. MILLER
Signature	
Date	<input type="text" value="2/02/01"/>

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